## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## **COMMON CARRIER ANNUAL EMPLOYMENT REPORT**

[Please read instructions before completing and for Notice regarding public burden.]

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SECTION 1 - General Inform	ation																
Name and Mailing Address of Respondent Dell Telephone Cooperative, Inc. PO Box 67 Dell City, TX 79837														Check here if this is a change of address.			
2. Year Report Filed 3. Report Period				oriting Period (Ending Date of Pay od Covered by Report) 28/2019					4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)								
SECTION II - Full-Time Emp	loyee	s.															
Job Categories			Number of Employees (Report employees in only one category)														
			Race/Ethnicity														
			anic or tino	Not-Hispanic or Latino												Total	
		ا	uno			Ма	le						Columns A - N				
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		Α	В	С	D	E	F	G	н	1	J	к	L	м	N	0	
Executive/Senior Level Officials and Managers	1.1			1												1	
First/Mid-Level Officials and Managers	1.2	2	1	3						1						7	
Professionals	2	1														1	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5		5							4						9	
Craft Workers	6	5		1												6	
Operatives	7	9														9	
Laborers and Helpers	8															0	
Service Workers	9	1		1						1						3	
TOTAL	10	18	6	6	0	0	0	0	0	6	0	0	0	0	0	36	
PREVIOUS YEAR TOTAL	11															0	

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SECTION III - Part-Time Emple	oyees.															
		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories	Hispanic or Latino		Not-Hispanic or Latino													
			Male									male	Columns A - N			
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	WASH (2005)	
	А	В	С	D	E	F	G	н	1	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1														0	
First/Mid-Level Officials and Managers	1.2														0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4														0	
Administrative Support Workers	5														0	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL	10 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11														0	
SECTION IV - Report of Discr	imination Com	plaints Pursu	ant to 47 CFI	R 22.321, 23.	55, 90.168, 10	1.4, and 101	.311.									
This is to advise the company before an									ritorial, or loc	al statutes ha	ve been filed a	against this				
This is to advise the (Attach a list indicate)																
SECTION V - Certification  I certify that to the best of my kn			U-f -U -t-t													
	Typed or Printe			ients in this re	port are true a	Signature							Telephone No.			
	Susan Ba		sorr Signing		Dewan Barker							(915) 964-2139				
Title of Person Signing Accounting Manag	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).															